

Route/Service \_\_\_\_\_

Effective Date: \_\_\_\_\_

Telephone (209) 736-2181  
Fax (209) 736-0709

**CITY OF ANGELS**  
Utility Service Application

584 S. Main St. PO Box 667  
Angels Camp, CA 95222

**SERVICE LOCATION ADDRESS:** \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ DOB \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_

**CO-APPLICANT**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ DOB \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_

**LANDLORD INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

All blanks must be filled in; any omissions could delay services. A processing fee of \$25.00 is required to process your application and is due upon receipt of such application. Services are charged on a monthly basis. Payment is due in full by the 20th of each month. Payments not received by the due date, or not paid in full, will be assessed a \$15.00 late fee. A lien may be filed on any property owned within Calaveras County for overdue bills pursuant to section §31701 of the Water code of the State of California. I/We hereby agree to abide by and conform to the rules and regulations of the City of Angels governing public services Title 13 and water services Title 14 as defined in the City of Angles ordinances or hereafter amended by the City Council. Also I/We recognize that I/We are ultimately responsible for any unpaid balances owing (14.10.010). **All services discontinuance should be made in writing with the date of discontinuance and a forwarding address for the final billing (14.25.030).** The City will evoke their right to use the CB Merchants Services, A full service collection agency, to collect all delinquent accounts.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CO-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Customer ID \_\_\_\_\_ Date: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Deposit \$ \_\_\_\_\_